

AllSaints FACTA Settlement Administrator
PO Box 404096
Louisville, KY 40233-4096



AMK

CIRCUIT COURT OF
COOK COUNTY, ILLINOIS

Mocek v. AllSaints USA Limited,
Case No. 2016-CH-10056

**Must Be Postmarked
No Later Than
April 1, 2019**

ALLSAINTS FACTA SETTLEMENT CLAIM FORM

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

THIS CLAIM FORM MUST BE POSTMARKED BY APRIL 1, 2019 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: Fill out each section of this form and sign where indicated.

Class Member Verification: By submitting this Claim Form and filling in the circles below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each circle must be filled in to receive a payment):

- I made a purchase between July 29, 2014 and July 17, 2018 at an AllSaints retail location in the United States using a credit or debit card and received a receipt at the cash register that contained more than the last five digits of my card's account number and/or the expiration date.
- All information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

<input type="text"/>
Email Address

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Contact Phone # (You may be contacted if further information is required.)

The Settlement Administrator will review your Claim Form; if accepted, you will be mailed a check for a *pro rata* (meaning equal) share of the Settlement Fund based on the number of Class Members who submit valid claims. This process takes time, please be patient.

Questions, visit www.factacompliancesettlement.com or call 1-866-554-5818



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-------------------------	-------------------------	--	---